Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	M M / D D / Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	06 18 2014 Amount
City State Zip Code  Charlotte NC 23215	10.00 Transaction ID : d23b6006-3513-41c3-9
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	06 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
Lom Anderson	06 18 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	3.60
Charlotte NC 23215	Transaction ID : 5bd04f28-3a98-445a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	M = M / D = D / Y = Y = Y
Type 502	06 18 2014
Name of Federal Candidate Support Office	ee Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 24584.02	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	13.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	M / D D / Y Y Y Y
Signature [Electronically Filed] Date	06 20 2014

Schedule E)	JEINI EXI EN	DITOTILO	PAGE 2 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Katlynn Cockerham			Date of Public Distribution/Dissemination
Mailing Address 4970 Lyman Rd			06 18 2014  Amount
City Winston Salem	State NC	Zip Code 27105	35.00  Transaction ID : eadddf4c-fe0d-435a-a  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Katlynn Cockerham			06 18 2014
Mailing Address 4970 Lyman Rd			Amount
City	State	Zip Code	6.60
Winston Salem	NC	27105	Transaction ID : c62f6388-feff-4725-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		41.60
(b) SUBTOTAL of Uniternized Independent Exp	oenditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
S.g.iataro			

Schedule E)	PAGE 3 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	filed on hand / Dab / Yayayay
Full Name of Payee Julie Clifton	Date of Public Distribution/Dissemination
Mailing Address 712 St. Martin Lane	06 18 2014 Amount
City State Zip Code	21.00
Bossier City LA 71111	Transaction ID: b7fda73b-f910-409d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	06 / 18 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For:  Primary  General  General  Gther (specify) ►
Full Name of Payee  Julie Clifton	Date of Public Distribution/Dissemination
Mailing Address 712 St. Martin Lane	06
City State Zip Code	3.42
Bossier City LA 71111	Transaction ID: 273ef108-94d6-47b6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	06 / 18 / Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	Disbursement For:  Primary  General 2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	24.42
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	06 / 20 / 2014

Schedule E)	INI EXI EN	DITORILO	PAGE 4 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Haley Brown			06 18 2014
Mailing Address 344 Natalie Drive			Amount
City	State	Zip Code	25.00
Winston-Salem	NC	27030	Transaction ID : b29fff2c-0d3a-4f35-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Haley Brown			06 18 2014
Mailing Address 344 Natalie Drive			Amount
City	State	Zip Code	7.20
Winston-Salem	NC	27030	Transaction ID: e257ceb3-c510-4155-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 32.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Experi	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 20 / 2014
-			

Sc	hedule E)	10.120		PAGE 5 OF 21 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC ID	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	C00530766
Che	eck if 24-hour report X 48-hour report New repo	ort Amends repor	rt filed on	D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public	Distribution/Dissemination
	Belinda Blake		M 6 /	18 2014
	Mailing Address 7214 Duchamp Dr.		Amount	
ŀ	City State	Zip Code		15.00
		28215		D: d84dc436-419d-400f-8 ursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	06	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President >	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	24584.02	Disbursement For: 2014 Other (sp	Primary
ſ	Full Name of Payee		Date of Public	c Distribution/Dissemination
-	Belinda Blake		M M M M	18 2014
ľ	Mailing Address 7214 Duchamp Dr.			
1			Amount	
ľ	City State	Zip Code		3.60
	Char NC	28215	Transaction ID  Date of Disbu	D: e387e7b9-73f1-40b0-9 ursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	06 M	18 2014
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	24584.02	Disbursement For: 2014 Other (sp	Primary
(	a) SUBTOTAL of Itemized Independent Expenditures		<b>&gt;</b>	18.60
(	b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	
(	c) TOTAL Independent Expenditures		<b>&gt;</b>	7
٧	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronic	cally Filed] Date	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y Y 2014
	Signature	_		

Sched	dule E)		1101120		PAGE 6 OF 21 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	nen Speak Out PAC				C C00530766
Check i	f 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
I Full	Name of Payee			Date	of Public Distribution/Dissemination
Lo	orri Anderson				of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	ling Address 7214 Duchamp Dr			Amou	unt
City		State	Zip Code		10.00
Ch	ariotte	NC	23215		saction ID: 7483f62c-ba75-495d-b of Disbursement or Obligation
	pose of Expenditure lary		Category/ Type 001		06 / 18 / 2014
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	. Kay Hagan		X Oppose	Presid	dent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursemer 2014	nt For: Primary ⊠ General  Other (specify) ▶
	Name of Payee			Date	of Public Distribution/Dissemination
L	orri Anderson				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mai	iling Address 7214 Duchamp Dr			Amou	للنبا لنا لنا
					400
City	/ parlotte	State NC	Zip Code 23215	Transa	4.80 action ID: 5b60fe2b-7bcc-4ae2-8 of Disbursement or Obligation
	pose of Expenditure leage		Category/ Type 002		06 / 18 / 2014
Nar	me of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms	. Kay Hagan		X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	7	24584.02	Disbursemer 2014	nt For:  Primary
(a) S	SUBTOTAL of Itemized Independent Expenditure:	S			14.80
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ures			
` '	, ,				7 7 7
(c) 1	TOTAL Independent Expenditures			•	
with,	er penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	te or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 06	20 / 2014
S	ignature		_		

	Tieddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
 Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
T	Full Name of Payee	Date of Public Distribution/Dissemination
	Mr. Alex Peyton	06 18 2014
	Mailing Address 859 Hicks Rd	Amount
ŀ	City State Zip Code	55.00
	Washington LA 70589	Transaction ID: 35c6c02e-b273-410d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	06 / 18 / 2014
ŀ	Name of Federal Candidate Support Office	e Sought: House District:00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 27409.21  Disbut 2014	
ŀ	Full Name of Payee	Other (specify)   Data of Public Distribution/Dissemination
	Mr. Alex Peyton	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 859 Hicks Rd	Amount
ŀ	City State Zip Code	31.50
	Washington LA 70589	Transaction ID: 7f378747-2ffd-4355-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	ursement For: Primary
(	a) SUBTOTAL of Itemized Independent Expenditures	86.50
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	(77)	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

PAGE 7

OF

Schedule E)	IN EXILINE	TI OTILO	PAGE 8 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Theresa Burkhart			Date of Public Distribution/Dissemination
Mailing Address 3126 Chester Ct			06 18 2014 Amount
City	State	Zip Code	50.00
Metairie	LA	70006	Transaction ID : e06deae2-3814-4567-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 18 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		27409.21	Disbursement For: Primary General  2014 Other (specify) ▶
Full Name of Payee Donna Barrette			Date of Public Distribution/Dissemination
Mailing Address 724 Harris Avenue			06 18 2014 Amount
City	State	Zip Code	50.00
Harahan	LA	70123	Transaction ID : f93e9699-b20c-450b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	27409.21	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		100.00
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
			4 4
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	EXI EIID			PAGE 9 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New rep	ort Amends repo	rt filed on	/ D D / Y Y Y Y Y
Full Name of Payee Donna Barrette				f Public Distribution/Dissemination
Mailing Address 724 Harris Avenue				06 18 2014
724 Harris Avenue			Amour	nt
City	State	Zip Code	— I [ ]	0.15
Harahan	LA	70123		action ID: 4aa79449-aca2-4281-8  f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		06 18 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		27409.21	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date o	of Public Distribution/Dissemination
Ralph Smith				06 18 2014
Mailing Address 2090 Fancy Gap Rd			Amour	nt
City Mt. Airy	State NC	Zip Code 27030	Transa	75.00 ction ID : 2ec32fe8-8c87-478a-8
Purpose of Expenditure Salary		Category/ 001	M	of Disbursement or Obligation
		Type 001	_	06 18 2014
Name of Federal Candidate		Support	Office Sought	
Ms. Kay Hagan		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, ,	24584.02	Disbursement 2014 Of	t For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	75.15
(b) SUBTOTAL of Unitemized Independent Expenditure	res		· -	
(c) TOTAL Independent Expenditures			· .	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / 06	20 2014
Signature				

Schedule E)	DEITI E/I EII	7101120		PAGE 10 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour repor	rt New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Ralph Smith			Date of Pul	blic Distribution/Dissemination
Mailing Address 2090 Fancy Gap Rd			06	18 2014
2000 1 4110, 54p 1.4			Amount	
City	State	Zip Code		12.48
Mt. Airy	NC	27030		n ID : c0c10cd7-3081-4ce5-9 bursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For: 2014 Other (	Primary
Full Name of Payee			Date of Pu	blic Distribution/Dissemination
Glenda McKinney			M	/ DID / YIYIYIY
Mailing Address 308 West Main Street			06	18 2014
5 500 WOOLINGII GIRGO.			Amount	
City	State	Zip Code		73.33
Plot Mountain	NC	27041	Transaction Date of Dis	ID: e49e2ae4-b091-425a-8 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 <sup>M</sup>	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	24584.02	Disbursement For 2014 Other	: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		<b>&gt;</b>	85.81
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		· ·	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date	M / D / O 20	
Signature			تا لتا	

Schedule E)	PENT EXI EN	SHORLS	PAGE 11 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on M = M / D = D / Y = Y = Y
Full Name of Payee			Date of Public Distribution/Dissemination
Glenda McKinney			06 18 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	13.17
Plot Mountain	NC	27041	Transaction ID: 97a27b90-cc87-4228-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	24584.02	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Roger McKinney			06 18 2014
Mailing Address 308 West Main Street			Amount
City	State	Zip Code	73.30
Pilot Mountian	NC	27041	Transaction ID: 57bc83b0-8315-4872-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		▶ 86.47
, , ,			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 06 20 7 2014
S.g. accio			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC	FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Man / Dad / Yaryary
Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination
	06 18 2014
Mailing Address 2357 Fancy Cap Rd	Amount
City Stat	te Zip Code 75.00
Mt. Airy NC	Transaction ID : 14d7a28c-a0c8-46c1-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 06 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Ms. Tonya Boyd	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	Amount
City Stat	te Zip Code 12.12
Mt. Airy NC	Transaction ID : 4ac258b5-db40-4a33-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 06 / 18 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	87.12
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
	penditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political it.
Ms. Emily Buchanan Signature	[Electronically Filed] Date 06 20 2014
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OF

<b>,</b>					FOR SE OF	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC	IDENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				С	C00530766	
Check if 24-hour report X 48-hour report	New rep	ort Amends re	eport filed on	M = M	/ D D /	Y Y Y Y Y
Full Name of Payee			Da	ite of Pub	lic Distribution/I	Dissemination
Jacqueline Doucet				06	18	2014
Mailing Address 73 Catapa Trace			Ar	nount		
City	State	Zip Code				30.00
Covington	LA	70433			ID: 33f63f65-4 oursement or O	
Purpose of Expenditure Salary		Category/ Type 00	01	06	18	2014
Name of Federal Candidate		Support	Office So	ught:	House [	District:00
Ms. Mary L Landrieu		X Oppose	Pre	sident	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought		27409.21	Disburser 2014	7	Primary specify) ▶	X General
Full Name of Payee Rachelle Doucet  Mailing Address 73 Catalpa Trace					blic Distribution/	Dissemination  Y Y Y Y Y Y Y 2014
City	State	Zip Code				22.50
Covington	LA	70433			ID: 605a2c02-	
Purpose of Expenditure Salary		Category/ Type 00	-	M M M M M M M M M M M M M M M M M M M	18	2014
Name of Federal Candidate		Support	t Office Sc	ught:	House	District: 00
Ms. Mary L Landrieu		X Oppose	Pre	esident	Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	7	27409.21	Disburser 2014	ment For: Other (s	Primary specify)	General
(a) SUBTOTAL of Itemized Independent Expenditure	es		····· <b>&gt;</b>		7-	52.50
(b) SUBTOTAL of Unitemized Independent Expendit	ures		····· <b>&gt;</b>			450
(c) TOTAL Independent Expenditures			····· <b>\</b>			
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized					
Ms. Emily Buchanan	[Electron	ically Filed]	eate 06	20	201	
Signature						

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OF

Schedule E)	OF INDEFENDER	VI EXI END	1101120		PAG	E 14 OF 21 SE OF FORM 24/48
NAME OF COMMITTEE (In						FICATION NUMBER ▼
Women Speak Out	PAC					30766
					0 333	30703
Check if 24-hour report	X 48-hour report	X New rep	port Amends re	port filed on	M = M / D	D / Y = Y = Y
Full Name of Payee				Da	te of Public Dist	ribution/Dissemination
Gregory Green						18 2014
Mailing Address 2506 Bo	olch Street			Am	nount	
City		State	Zip Code	— Г		20.00
Shreveport		LA	71104			4b20f28-c805-4c1b-8 ent or Obligation
Purpose of Expenditure Salary			Category/ Type 00		M = M / D	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candida	ate		Support	Office Sou	ıaht: Ho	ouse District: 00
Ms. Mary L Landrieu			Oppose			enate State: LA
Calendar Year-To-Da Per Election for Office		7 7	27409.21	Disbursen 2014	nent For: Other (specify)	Primary General
Full Name of Payee						ribution/Dissemination
Gregory Green					M - M / D	D / Y Y Y Y Y
Mailing Address 2506	Bolch Street				06	18 2014
2000	DOICH SHEEL			An	nount	
City		State	Zip Code			6.30
Shreveport		LA	71104	<b>Tra</b>	nsaction ID: 98 te of Disbursem	bf977b-4387-465b-b ent or Obligation
Purpose of Expenditure Mileage			Category/ Type 002	-	M = M / D	18 / 2014
Name of Federal Candid	ate		Support	Office So	ught: Ho	ouse District: 00
Ms. Mary L Landrieu			X Oppose	Pre	sident X Se	enate State: LA
Calendar Year-To-Da Per Election for Offi		7	27409.21	Disburser 2014	nent For: Other (specify)	Primary Seneral
(a) SUBTOTAL of Itemize	d Independent Expenditu	res		···· •	-	26.30
(b) SUBTOTAL of Unitem	ized Independent Expend	litures		•		7
(-) TOTAL Indopendent E				_		
(c) TOTAL Independent E	expenditures				-	4
Under penalty of perjury I with, or at the request or party committee) any politi	suggestion of, any candid	date or authorized				
Ms. Emily Buc	hanan	[Electroi	nically Filed] Da	ate 06	/ 20 /	2014
Signature			_			

Schedule E)	II EXI END			PAGE 15 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	ort filed on	
Full Name of Payee Lily Green				f Public Distribution/Dissemination
,				06 18 2014
Mailing Address 205 Medallion Circle			Amour	nt
City	State	Zip Code	<u> П</u> П	40.00
Shreveport	LA	71119		action ID: c649ea3e-0d68-4653-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		06 18 2014
Name of Federal Candidate		Support	Office Sought	:: House District:00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	27409.21	Disbursement 2014 Ot	For: Primary
Full Name of Payee			Date of	of Public Distribution/Dissemination
Lily Green			М	06 18 2014
Mailing Address 205 Medallion Circle			Amou	nt
City	State	Zip Code		18.00
Shreveport	LA	71119	Transa Date o	ction ID: 23cd4bc7-90d2-4394-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	06 18 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	27409.21	Disbursement 2014 Or	t For:
(a) SUBTOTAL of Itemized Independent Expenditure	'es		•	58.00
(b) SUBTOTAL of Unitemized Independent Expend	itures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	. 06	20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

NAME OF COMMITTEE (In Full) Women Speak Out PAC  C C00530766	
Women Speak Out PAC C00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on	/ Y = Y = Y = Y
Full Name of Payee Date of Public Distribution	n/Dissemination
Cassidy Quartararo	2014
Mailing Address 632 Cameron Court  Amount	
City State Zip Code	50.00
Kenner LA 70065 Transaction ID : 6d3cebl Date of Disbursement or	
Purpose of Expenditure Salary  Category/ Type  001  M M M O6 / D D D D D D D D D D D D D D D D D D	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  27409.21  Disbursement For: □ Primar 2014  Other (specify) ▶ □	ry X General
Full Name of Payee Date of Public Distributio	n/Dissemination
Cassidy Quartararo	2014
Mailing Address 632 Cameron Court  Amount	
City State Zip Code	3.69
Kenner LA 70065 Transaction ID : e2487bf2 Date of Disbursement or	2-d8c2-4887-9
Purpose of Expenditure Mileage  Category/ Type  002  M M M O6  18	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: Primal 2014  Other (specify) ▶	ry X General
(a) SUBTOTAL of Itemized Independent Expenditures	53.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consult with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
	)14

Schedule E)	IVI EXI EIVE	ATOTILO	PAGE 17 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 / 18 / 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	35.00
Mandeville	LA	70471	Transaction ID : 69c76298-6695-4971-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-	27409.21	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeanne Tribou			06 18 2014
Mailing Address 22369 Ponderosa Dr.			Amount
City	State	Zip Code	1.50
Mandeville	LA	70471	Transaction ID: 612e460d-9d3f-473a-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		27409.21	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		36.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	06 20 / 2014
•			

Scl	hedule E)	EXI EIIDI	101120		PAGE FOR S	18 OF 21 SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				<del></del>	CATION NUMBER ▼
W	omen Speak Out PAC				C C00530	766
OI		V N		61	M = M / D = I	) / Y = Y = Y
_		X New repo	ort Amends i	report filed	on	
	Full Name of Payee Ms. Ashlen Sandoz				Date of Public Distrib	D / Y Y Y Y Y
	Mailing Address 204 Ranger Place				Amount	
H	City	State	Zip Code			30.00
	Slidell	LA	70115		Transaction ID: a91 Date of Disbursemen	
	Purpose of Expenditure Salary		Category/ Type	001	M M / D 18	
ı	Name of Federal Candidate		Suppor	t Office	Sought: Hous	se District: 00
	Ms. Mary L Landrieu		X Oppose	е	President Sena	ate State: LA
	Calendar Year-To-Date Per Election for Office Sought		27409.21	Disbu 2014	rsement For: Pr Other (specify) ▶	imary X General
Γ	Full Name of Payee				Date of Public Distrib	oution/Dissemination
١	James Tatro				06 18	
ľ	Mailing Address 1208 Braeburn Rd				نا لننا	
١					Amount	
ľ	City	State	Zip Code			70.00
		NC	28211		Transaction ID: 870a Date of Disbursemer	eaab-054f-458a-b at or Obligation
	Purpose of Expenditure Salary		Category/ Type 0	001	06 / 18	
	Name of Federal Candidate		Suppo	rt Office	Sought: House	se District:00
	Ms. Kay Hagan		X Oppos	e	President X Sena	ate State: NC
	Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbu 2014	rsement For: Pr  Other (specify) ▶	rimary X General
(	a) SUBTOTAL of Itemized Independent Expenditures			······ <b>&gt;</b>		100.00
(	b) SUBTOTAL of Unitemized Independent Expenditure	es		······ <b>&gt;</b>	4	45-
(	c) TOTAL Independent Expenditures			······ <b>▶</b>	4	4
W	Inder penalty of perjury I certify that the independent vith, or at the request or suggestion of, any candidate arty committee) any political party committee or its agr	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed]	Date 0		2014
	Signature		_			

	icuaic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	James Tatro	06 18 2014
١	Mailing Address 1208 Braeburn Rd	Amount
ŀ	City State Zip Code	18.60
	Charlotte NC 28211	Transaction ID : 5e2eba5d-e0bb-4996-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
ŀ	Full Name of Payee	Date of Public Distribution/Dissemination
	Lorri Anderson	06 19 2014
	Mailing Address 7214 Duchamp Dr	Amount
ŀ	City State Zip Code	10.00
	Charlotte NC 23215	<b>Transaction ID : b0526883-ae90-4cda-a</b> Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	M 06 19 / 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary X General  Other (specify) ▶
(6	a) SUBTOTAL of Itemized Independent Expenditures	28.60
(1	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	TOTAL Independent Expenditures	
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not market, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

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OF

Schedule E)	ENT EXILE	DITORILO	PAGE 20 OF 21 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lorri Anderson			06 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr			Amount
City	State	Zip Code	0.30
Charlotte	NC	23215	Transaction ID: 3b0b9aa9-c557-4c90-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	06 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	22.50
Spindale	NC	28160	Transaction ID : 3bc484fc-21fd-4ebb-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	06 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		24584.02	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		22.80
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ididate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	06 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

	edule E)			PAGE 21 OF 21 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
VVC	omen Speak Out PAC			C C00530766
Chec	ck if 24-hour report X 48-hour report A	mends repo		= M / D = D / Y = Y = Y
	Full Name of Payee		Date	of Public Distribution/Dissemination
	David Ford			06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I IV	Mailing Address 106 Hillside St		Amou	nt
C	City State Zip Code		— I	2.52
,	Spindale NC 28160			action ID : 5bea197d-a106-4db0-9 of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category Type		N	06 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ν	Name of Federal Candidate	Support	Office Sough	t: House District:00
ľ	Ms. Kay Hagan	Oppose	Preside	NC NC
	Calendar Year-To-Date Per Election for Office Sought 24584.02		Disbursemen 2014 O	t For:
F	Full Name of Payee			of Public Distribution/Dissemination
	Mailing Address		L	
"	vialing Address		Amou	nt
	City State Zip Code			
L			Date	of Disbursement or Obligation
	Purpose of Expenditure Category Type			/ D D / Y Y Y Y
N	Name of Federal Candidate	Support	Office Sough	t: House District:
		Oppose	Preside	ent Senate State:
	Calendar Year-To-Date Per Election for Office Sought	$\Box$	Disbursemen	ther (specify) ► General
				The (Specify) F
(a)	SUBTOTAL of Itemized Independent Expenditures		· •	2.52
(b)	SUBTOTAL of Unitemized Independent Expenditures		· •	
(c)	TOTAL Independent Expenditures		· •	1047.18
wit	nder penalty of perjury I certify that the independent expenditures reported heth, or at the request or suggestion of, any candidate or authorized committee arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Signature	Date	e 06	20 2014
	<u></u>			